BOOK REVIEWS

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Low-molecular-weight heparins in prophylaxis and therapy of thromboembolic diseases

Henri Bounemeaux, New York, 1994, Marcel Dekker, Inc., 323 pages, $125.

The advent of low-molecular weight (LMW) heparins has generated considerable excitement in all fields of medicine. The book *Low-Molecular-Weight Heparins in Prophylaxis and Therapy of Thromboembolic Disease* is a thorough introduction to these remarkable therapeutic agents.

LMW heparins are derived from standard heparin by chemical means. These lower-weight fractions have multiple advantages over standard heparin, including less platelet interactions, improved pharmacokinetics, improved safety, standard dosing, and even a potential anticancer effect. Although most of the published clinical research has concerned use of LMW heparins in prophylaxis of deep venous thrombosis, the appeal of outpatient therapy has engendered enthusiasm concerning the use of LMW in therapy of thrombosis.

The first part of this book is an introduction to basic issues concerning all LMW heparins, including the problems raised in measuring plasma levels, given that most LMW heparins do not raise the activated partial thromboplastin time. A highlight of this text is Drs. Warkentin and Kelton's chapter on the interaction of heparin with platelets. This chapter is an excellent review of heparin-induced thrombocytopenia (HIT) by two leaders in the field. They emphasize the fact that, although the incidence of HIT may decreased with LMW heparin, LMW heparin cannot be used in patients with established HIT because of cross-reactivity between the two agents. One can use heparinoids that, like heparin, act as a cofactor for antithrombin III but do not (in most patients) cross-react with HIT antibodies.

The major part of the book is a compendium of clinical trials of LMW heparins for a variety of clinical situations. Most clinical trials have been for prophylaxis of deep venous thrombosis. All the chapters attempt to summarize and place in perspective the multitude of trials performed with LMW heparins. These data document the evidence of the usefulness of LMW heparin in all types of patients. These compounds have been especially useful in patients undergoing orthopedic surgery because the compounds are easier to dose and use than adjusted-dose heparin or warfarin. These chapters are a valuable resource for anyone wanting to research the uses of LMW heparins.

The most exciting use of LMW heparins is as therapy for established thrombosis. The few trials performed to date show both a reduction in hemorrhagic complications and a reduction in the overall mortality rate in patients with cancer.

This book deals frankly with the remaining questions concerning LMW heparin. In the era of short hospital stays, the problem of outpatient deep venous thrombosis is increasing, and this may be another prophylactic role for LMW heparins. Despite the many trials performed with LMW, very few have tested different LMW heparins head-to-head. This raises the fear that soon the clinician will be faced with multiple LMW heparins to choose from, all for the same problem. This is a situation not unlike cephalosporin antibiotics or beta-blockers.

I highly recommend this book to any physician seeking additional knowledge about these agents and their potential use.

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Stroke: Populations, cohorts, and clinical traits

Jack P. Whisnant, Oxford, 1993, Butterworth-Heinemann, 263 pages, $65.

This book has contributions from a variety of authors who are neurologists, epidemiologists, rehabilitation experts, and biostatisticians, and the contributions come from North America, New Zealand, and Japan, with a couple of contributions from Scandinavia.

The title topic is timely for vascular surgeons who must now show an interest in clinical trials in stroke and so must understand population methods, cohorts, and selections for trials and methods by which the results are claimed. Not least the vascular surgeon needs to be able to assess the validity of claims from these trials. The book is an excellent source of references for the surgeon interested in the performance of carotid and vertebral artery surgery, but the book does not read easily in chapters, such as Chapter 7 on attributal risk. Chapters such as those on natural history of transient ischemic and ischemic stroke by the editor are extremely useful background information for the vascular surgeon.

On balance, this is not really a book for vascular surgeons, but one that they would appreciate seeing in a library for occasional reference.

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General surgery

Wallace P. Ritchie, Jr., Glenn Steele, Jr., Richard H. Dean, Philadelphia, 1994, JB Lippincott, 1008 pages, $149.

It was the intent of the editors to provide the reader of this text a book that might be considered "no-nonsense general surgery." As such this is a clinical text that focuses on the important problems commonly treated by the practicing general surgeon. Herein one will not find

historical reviews of laboratory investigations of pathophysiology or a comprehensive recounting of the development of diagnostic and therapeutic approaches. The editors have chosen to emphasize the clinical presentation, useful diagnostic studies, and recommended surgical procedures of conditions encountered by most general surgeons. Diseases that are most frequently managed by other surgical specialties such as orthopedics, pediatric surgery, advanced head and neck surgery, and advanced vascular diseases have been excluded.

The book is organized into three major sections, Benign and Malignant Organ System Disease, Vascular Disease and Trauma.

The editors included established experts, as well as up-and-coming surgeons as contributing authors. They have thus achieved a blend of conventional expertise and wisdom, with a new outlook and a desire to perform. To their credit, the editors have maintained a consistency of style, readability, and clarity. The text is concise, and the volume is reasonably portable.

The section on vascular diseases covers material that one would reasonably expect chief surgical residents to have at their command. The editors admit that discussions were limited to standard management expected of the general surgeon. It is worthwhile to note, however, that the vascular section comprises nearly one third of the text, reflecting the importance of vascular diseases in the overall scope of general surgery.

Jennifer Smith's illustrations are superb. Black-and-white line drawings with burgundy shadowing highlighting the figure in question are attractive and clearly descriptive and successfully achieve their purpose. This is especially evident in the chapter on abdominal wall hernias, a subject whose understanding is particularly elusive for students, residents, and an occasional inexperienced surgeon. The tables are likewise succinct and well organized and supplement the text well. In general, the text is well referenced. Notably absent, however, are chapters addressing critical care and surgical nutrition, areas of considerable interest to general surgeons.

This textbook will not be of interest to vascular surgeons who limit their practice to vascular diseases and who do not need a current review of bread-and-butter general surgery. This text, however, is valuable for students, general surgery residents, and surgeons preparing for general surgical boards, as well as all surgeons preparing for general surgery recertifications. It is equally valuable for surgeons involved in student and resident education. It can be used for a quick review for rounds and conferences, when one needs a relevant update of current diagnosis and treatment of common general surgical conditions.

For those who wish a clear and concise text covering the majority of general surgery and containing descriptive illustrations, *General Surgery* is well worth its purchase price.

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Oxford textbook of surgery, volumes 1 and 2

Peter J. Morris, Ronald A. Malt, Oxford University Press, Inc., New York, 1994, 2764 pages, $350.

The *Oxford Textbook of Surgery* is a massive piece of information in two volumes and 2754 pages, edited by Peter Morris from Oxford and Ronald Malt from Massachusetts General Hospital. A major stated objective was to present "two major clinical schools on opposite sides of the Atlantic," reflected in that most of the more than 275 authors have connections to one of the two institutions. As is true of most textbooks in surgery, there are general sections on topics such as wound healing, infections, anesthesia, and imaging techniques. The various organs and organ systems are covered, as are transplantation, endoscopic techniques, and surgery for obesity. Side specialties with interest for surgery have contributed extensively. A large part deals with surgical aspects of tropical disease, which is important in a world of increasing population mobility. General oncology and pain problems are discussed. Closing the book are three topics that are not often dealt with in surgical texts: design of trials, molecular biology and clinical practice and surgical education. The illustrations are generally of high quality, especially the drawings and diagrams. Unfortunately, some photographs of patients, microscopic specimens, and radiograms are less optimal. For me and perhaps even more for the trainees, it would have been helpful to have arrows showing the message of the photographs. The recommendations for further reading are up to date, although, as usual, I note that American authors tend to refer to the American literature, even in a cooperation such as this. The index of 122 pages is extremely helpful. As a Swede I am glad that the original reference of Seldinger can be identified by the index, one of the great technical innovations within vascular pathology.

I have focused my interest on the chapters dealing with vascular disorders, which comprises about 10% of the total volume, a reasonable proportion. Most chapters are of high and even quality, but I want to mention four as outstanding: vasculitis, angioaccess, vein surgery, and lymphatic disorders. Unfortunately, the one on venous thromboembolism is not optimal. In the basic part on pathophysiology thrombosis and hemostatic plug are mixed. In a textbook of surgery, focus on postoperative venous thromboembolism from a perspective of risk factors and prevention would have seemed logical. The fibrinogen uptake test is mentioned but not that it should be limited to prospective studies of risk groups and not that it is now forbidden in most countries because of risk for viral transmission. Prophylactic methods are discussed rather superficially, and the new low-molecular-weight heparins are not mentioned despite their use in Europe for several years and their recent introduction in the United States. In a cross-Atlantic book it would have been of interest to discuss the tremendous geographic differences in the use of the vena caval filters. There are minor points of concern in the various chapters. With regard to the effect of cigarette